

## **Clinic Participant Application**

Thank you for your interest in being a part of the Western States Horse Expo! Please fill out the information below and email it to the Horse Expo Team for review. Selections will be made 45 days before the event.

Name of Rider:	Age (if minor):		
Street Address:			
City:			
Phone:	On-sit	e cell number:	
Email address:			
Name of horse owner (if not rider):			
Horse Breed: Age:	: Sex:	Name:	
Is your horse exhibiting in any other dem	nonstrations du	uring the Expo (i.e. Breed F	Pavilion/riding group)? ☐ Yes ☐ No
If yes, with what group or Breed?			
Is your horse broke to ride? ☐ Yes ☐ No I	f yes, what disc	cipline(s)?	
At what level(s) do you compete or ride	with your hors	e?	
Which clinic(s) would you like to apply fo	or?		
Clinician:		Date:	Time:

## Please make sure to include the following when you submit this form:

- Completed Application
- A written description of your horse (please include horses training, history & your riding experience)
- A recent video of you riding your horse (can be at a show, a clinic or schooling at home). YouTube videos are recommended. If mailing a DVD, please make sure it is visibly marked who it is.

Applications must be submitted by March 1<sup>st</sup>, 2023. Applications should be emailed to <u>letters@horsexpo.com</u> or mailed to Western States Horse Expo, 7200 Lone Pine Drive, Rancho Murieta, CA, 95683.

Accepted Participants will be provided one (1) daily admission pass to the Horse Expo and one day stall for each clinic in which they participate. Additional stabling is available for a fee. Please call (530)672-7490 or email letters@horsexpo.com with any questions.